

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1521							51						
1532							52						
1548							53						
1554							54						
1565							55						
1578							56						
1589							57						
1598							58						
1609							59						
1610							60						
1621							61						
1632							62						
1643							63						
1654							64						
1665							65						
1676							66						
1687							67						
1698							68						
1709							69						
1720							70						
1721							71						
1722							72						
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1835							85						
1836							86						
1837							87						
19038							88						
19139							89						
19240							90						
19341							91						
19442							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
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18							68	
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37							87	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151